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## **OLR Bill Analysis**

### **HB 5634 (as amended by House "A")\***

#### ***AN ACT CONCERNING EXPEDITED LICENSING PROCESSES FOR PREVIOUSLY LICENSED OPERATORS OF CHILD DAY CARE CENTERS AND GROUP DAY CARE HOMES.***

#### **SUMMARY:**

By law, no person, group, association, organization, corporation, institution, or agency, public or private, can operate a child day care center or group day care home without a license from the Department of Public Health (DPH). This bill gives the DPH commissioner discretion to determine whether a request for a change of operator, ownership, or location from a currently licensed day care provider requires filing a new license application. Currently, such a change requires a new initial application (Conn. Agency Regs. § 19a-79-3a).

The bill also allows for the establishment of a drop-in pilot program to provide temporary custodial care to sick children.

\*House Amendment "A" adds the drop-in pilot program provision.

EFFECTIVE DATE: October 1, 2011

#### **DROP-IN PILOT PROGRAM**

The bill directs DPH to allow the establishment of a drop-in pilot program to provide facility-based temporary custodial care for any child fifteen years of age or younger with a communicable or noncommunicable illness. The pilot program (1) must be administered by a licensed physician and (2) may provide temporary custodial care for not more than twelve children per day. A child in the program may not receive more than nine hours of custodial care per day.

Before implementing the pilot program, the administering physician must provide to DPH for review and approval: (1) a physical plant

description of the building, including a description of the interior space, that will be used to house the pilot program; and (2) proposed policies and procedures for operating and administering the program. The latter must address daily operations, staffing qualifications and levels, criteria for the assessment of children before admittance and during operating hours, documentation and record-keeping, infection control measures, medication administration, and emergency response procedures.

The program administrator must (1) submit the required documentation for each prospective employee to the DPH commissioner, who must request a check of each prospective employee's name from the state child abuse registry; (2) allow any DPH employee immediate access to the facility, its staff, and records at any time during customary business hours and (3) submit quarterly status reports to the department in a form and manner it prescribes.

The pilot program terminates on September 30, 2013.

## **BACKGROUND**

### ***Day Care Licensing***

An application for an initial or renewal license must be on DPH-prescribed forms. An initial license application must be signed by the operator, who must be at least 20 years of age if an individual. If the operator is a group of persons, organization, corporation, or other entity, it must be signed by the legal representative of the day care operator. The application must contain the following:

1. a notarized original affidavit on a DPH form;
2. the name of the child day care center or the group day care home and address and telephone number;
3. the name, home address, and home telephone number of the individual operator or the legal representative of a group of persons, association, organization, corporation, institution or agency, public or private;

4. a copy of the current fire marshal certificate of approval, written verification of compliance with state and local building codes, local zoning requirements, and local health ordinances;
5. proposed licensed capacity;
6. ages of children to be served;
7. days, hours, and months of program operation;
8. criminal background checks and a check of the State Child Abuse Registry as required by state regulation; and
9. all other documentation that the DPH commissioner deems necessary to establish that the licensee will meet the health, educational, and social needs of the children likely to attend the center or home (Conn. Agency Regs., §§ 19a-79-4a(b) and 19a-79-2a).

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable

Yea 26    Nay 0    (03/14/2011)